

TODAY'S DATE:

**WILLINGBORO BOE**

Willingboro Board of Education

CLIENT NAME (PLAN SPONSOR / EMPLOYER)

CLIENT #

GROUP #

**CARDMEMBER  
INFORMATION**

FIRST NAME

MI LAST NAME

ID #

SSN#

MAILING ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

CELL PHONE

EMAIL

**COVERAGE  
TYPE**

PLEASE CHECK ONE:

☐ SINGLE
 ☐ CARDMEMBER/SPOUSE
 ☐ CARDMEMBER/CHILD
 ☐ CARDMEMBER/CHILD

 EFFECTIVE DATE:  
FAMILY

**REASON  
CODE**

A	NEW ENROLLMENT
B	REINSTATE MEMBER
C	REINSTATE DEPENDENT / SPOUSE
D	ADD DEPENDENT / SPOUSE
E	TERMINATE COVERAGE
F	TERMINATE DEPENDENT COVERAGE
G	NAME CHANGE
H	ADDRESS CHANGE
I	GROUP CHANGE: FROM _____ TO _____

J	RDS ENROLLMENT, APPLICATION NUMBER IF APPLICABLE: _____
K	ISSUE CARD
L	DO NOT ISSUE ID CARD
M	COBRA ENROLLMENT
N	COBRA TERMINATION
O	STUDENT STATUS UPDATE
P	DISABLED DEPENDENT
Q	OVERAGE DEPENDENT**
R	DEPENDENT ADDRESS DIFFERS FROM CARDMEMBER (INCLUDE ON BACK)

**ELIGIBILIT  
Y**

	LAST NAME	FIRST NAME	MI	GENDER	BIRTHDATE	SSN	HICN	REASON CODES
CARDMEMBER								
02 SPOUSE								
EMAIL/PHONE*								
03 DEPENDENT								
EMAIL/PHONE*								
04 DEPENDENT								
EMAIL/PHONE*								
05 DEPENDENT								
EMAIL/PHONE*								
06 DEPENDENT								

EMAIL/PHONE*								
07 DEPENDENT								
EMAIL/PHONE*								
08 DEPENDENT								
EMAIL/PHONE*								

\*OPTIONAL, ONLY IF DIFFERENT FROM CARDMEMBER

COORDINATION OF BENEFITS

SECONDARY COVERAGE ID NUMBER	INSURANCE COMPANY	POLICY / GROUP#
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EMPLOYER/PLAN SPONSOR	EFFECTIVE DATE
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SIGNATURE

MEMBER SIGNATURE	CLIENT SIGNATURE
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FOR INTERNAL USE ONLY:	DATE ENTERED:_____	ENTERED BY:_____	LOGGED BY:_____
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Dependent Address (1)  
(if differs from cardmember)

Back of Enrollment Form

FIRST NAME	MILAST NAME	ID #	SSN
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MAILING ADDRESS	CITY	STATE	ZIP CODE
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PHONE NUMBER	CELL PHONE	EMAIL
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Dependent Address (2)  
(if differs from cardmember)

FIRST NAME	MILAST NAME	ID #	SSN
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MAILING ADDRESS	CITY	STATE	ZIP CODE
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PHONE NUMBER	CELL PHONE	EMAIL
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Dependent Address (3)  
(if differs from cardmember)

FIRST NAME	MILAST NAME	ID #	SSN
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MAILING ADDRESS	CITY	STATE	ZIP CODE
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PHONE NUMBER	CELL PHONE	EMAIL
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	<b>Dependent Address (4)</b> <b>(if differs from cardmember)</b>	
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FIRST NAME	MILAST NAME	ID #	SSN
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MAILING ADDRESS	CITY	STATE	ZIP CODE
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PHONE NUMBER	CELL PHONE	EMAIL
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	<b>Dependent Address (5)</b> <b>(if differs from cardmember)</b>	
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FIRST NAME	MILAST NAME	ID #	SSN
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MAILING ADDRESS	CITY	STATE	ZIP CODE
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PHONE NUMBER	CELL PHONE	EMAIL
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